



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

WARNING OF WITHHOLDING

[Date]
[Parent Name]
[Address][City, State Zip]

RE: [Youth's Name]

Dear [Parent]:

According to our records, you owe cost-of-care contributions in the amount of \$[Amount] for the month(s) of [month(s)]. Please take this opportunity to pay your contribution debt in full so that it will not be necessary to begin withholding this debt directly from your paycheck. Please make your check or money order payment to the Department of Corrections, and send it to the following address: Youth Services Division, PO Box 201301, Helena, MT 59620-1301.

To ensure processing accuracy, please include the name of the youth with your payment. The full amount of your past due contributions must be received by Department of Corrections within ten (10) working days of the date of this letter. If you are using the Postal Service, remember to allow for mailing time. If payment is not received on time, the Department will immediately seek a Court order, which will be sent to any payor of income that we can identify directing that cost-of-care contributions be withheld from your paycheck.

Important note: Please be aware that this is your only opportunity to avoid income withholding. Any future delinquencies will automatically result in income withholding without further notice.

Thank you for your contributions. Your calculated monthly amount is a small percentage of the amount the taxpayers of the State of Montana pay to care for your child.

Sincerely,

[RAO Name]
Regional Administrative Officer